

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <input type="text" value="05876"/>	2. Fiscal Year Covered From: <input type="text" value="1"/> / <input type="text" value="1"/> / <input type="text" value="2005"/> Through: <input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2005"/>
3. Name and address of person filing. Name <input type="text" value="Thomas"/> <input type="text" value="J"/> <input type="text" value="Kelly"/> P.O. Box, Bldg., Room No., if any <input type="text"/> Street <input type="text" value="1750 New York Ave. NW, 6th Floor"/> City <input type="text" value="Washington"/> State <input type="text" value="District of Columbia"/> ZIP Code + 4 <input type="text" value="20006"/>	4. Name, file number, and address of labor organization. Name <input type="text" value="Sheet Metal Workers' Int'l Ass'n"/> Labor Organization File Number <input type="text" value="000-073"/> P.O. Box, Building and Room Number, if any <input type="text"/> Street <input type="text" value="1750 New York Ave. NW, 6th Floor"/> City <input type="text" value="Washington"/> State <input type="text" value="District of Columbia"/> ZIP Code + 4 <input type="text" value="20006"/>
5. Position in labor organization. <input type="text" value="General Secretary-Treasurer"/>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name <input type="text"/> Trade Name, if any: <input type="text"/> P.O. Box, Bldg., Room No., if any <input type="text"/> Street <input type="text"/> City <input type="text"/> State <input type="text"/> ZIP Code + 4 <input type="text"/>	7.a. Nature of Interest, Transaction, or Income. <input type="text"/> 7.b. Amount. <input type="text"/>

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed	On <input type="text" value="2/23/06"/> Date	<input type="text" value="202-783-5880"/> Telephone Number

Name of Person Filing Thomas Kelly

File Number U- 05876

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Amalgamated Bank of Chicago

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street One West Monroe

City Chicago

State Illinois

ZIP Code + 4 60603

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

11.a. Nature of such dealing.

The Union owns approximately \$1 million in Bank stock which also pays a dividend.

11.b. Approximate dollar value of such dealing.

\$1,000,000

12.a. Nature of interest held or income received.

Received \$22,400 compensation for work as a member of the Board of Directors.

12.b. Amount.

\$22,400

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name National Energy Management Institute

Trade Name, if any:

P.O. Box, Bldg., Room No., if any Suite 250

Street 601 N. Fairfax St.

City Alexandria

State Virginia

ZIP Code + 4 22314

14.a. Nature of payment.

As part of my duties as trustee for ITI, I attend meetings for NEMI. NEMI expended the following amounts for my meals at the two 2005 meetings: February, \$162.70; July, \$142.93.

13.b. Is the Business an Employer ☒ or Consultant ☐ ?

14.b. Amount of payment.

\$306

Name of Person Filing Thomas Kelly	File Number U- 05876
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Part B Continuation Page

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<p>8. Name and address of Business (including trade name, if any).</p> <p>Name International Training Institute...</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any Suite 240</p> <p>Street 601 N. Fairfax St</p> <p>City Alexandria</p> <p>State Virginia ZIP Code + 4 22314</p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>11.a. Nature of such dealing.</p> <p>International Training Institute for the Sheet Metal and Air Conditioning Industry (ITI) is a trust fund that serves the membership, funded by employer contributions. I serve as a trustee of the Fund and am required to attend trustee meetings out of town.</p> <p>11.b. Approximate dollar value of such dealing. \$0</p> <p>12.a. Nature of interest held or income received.</p> <p>For 2005, the Fund paid lodging and meals as follows: February meeting (\$1316.90); July meeting (\$931.88).</p> <p>12.b. Amount. \$2,249</p>

Name of Person Filing Thomas Kelly	File Number U- 05876
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<p>8. Name and address of Business (including trade name, if any).</p> <p>Name Sheet Metal Occupational Health Inst. Trust</p> <p>Trade Name, if any: SMOHIT</p> <p>P.O. Box, Bldg., Room No., if any Suite 240</p> <p>Street 601 N. Fairfax St.</p> <p>City Alexandria</p> <p>State Virginia ZIP Code + 4 22314</p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>11.a. Nature of such dealing.</p> <p>SMOHIT is a trust that serves the membership, funded by employer contributions. As part of my responsibilities as a trustee for ITI, I attend SMOHIT meetings.</p> <p>11.b. Approximate dollar value of such dealing. \$0</p> <p>12.a. Nature of interest held or income received.</p> <p>I attended two meetings in 2005 and SMOHIT paid a share of my expenses as follows: February meeting, \$325.40; July meeting, \$268.50.</p> <p>12.b. Amount. \$594</p>

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Part B Continuation Page

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<p>8. Name and address of Business (including trade name, if any).</p> <p>Name Nat'l Energy Mgt. Institute Committee</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any Suite 250</p> <p>Street 601 N. Fairfax St.</p> <p>City Alexandria</p> <p>State Virginia ZIP Code + 4 22314</p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>11.a. Nature of such dealing.</p> <p>NEMIC is a trust fund that serves the membership, funded by employer contributions. As part of my responsibilities as a trustee for ITI I attend meetings for NEMIC.</p> <p>11.b. Approximate dollar value of such dealing. \$0</p> <p>12.a. Nature of interest held or income received.</p> <p>The fund paid the following share of my meal expenses for the following trustee meetings in 2005: February meeting, \$162.70; July meeting, \$142.93.</p> <p>12.b. Amount. \$306</p>